

**VIENNA POLICE DEPARTMENT  
DISPATCHER APPLICATION  
PERSONAL HISTORY STATEMENT**

*This form must be completed in the **APPLICANT'S OWN HANDWRITING AND IN INK**. If any additional space is needed for any item, a separate sheet of paper can be used as long as proper reference is made to the questions being answered.*

|   |  |  |                     |
|---|--|--|---------------------|
| <b>1. Name:</b>   | <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;"> <span style="margin-right: 100px;">First</span> <span style="margin-right: 100px;">Middle</span> <span>Last</span> </div> <i>Include any former names or nicknames</i> |  |                     |
| Social Security Number:   |  | Date of Birth:   |                     |
| Place of Birth:   |  | Height:  |                     |
| If Applicable, Place of Naturalization:                             |  | Weight:  |                     |
| City and State:   |  | Eye Color:   |                     |
| Date of Naturalization:   |  | Hair Color:  |                     |
| Naturalization Certificate Number:                                  |  |  |                     |
| Address: Number and Street  |  | Home Telephone Number:   | (    )<br>Area Code |
| City, State and Zip Code  |  | Work Telephone Number:   | (    )<br>Area Code |
| Marital Status:   |  | Name of Spouse:  |                     |
| Address of Spouse:  |  | Have you been married more than once? <input type="checkbox"/> yes <input type="checkbox"/> no |                     |
| <i>(If different from yours)</i>                                    |  | If yes, how many times?  |                     |
| Name(s) and Address(es) of Former Spouse(s):                        |  | Date of Divorce or Separation:   |                     |
|   |  | Location of Court:   |                     |
| Total Number of Dependents:   |  | Grounds:   |                     |
| Name(s) and Age(s): <i>List Address(es) if different than yours</i> |  | Were you the <input type="checkbox"/> Plaintiff or <input type="checkbox"/> Defendant?         |                     |
| Name of Father:   |  | Name of Mother:  |                     |
| Address: Number and Street  |  | Address: Number and Street   |                     |
| City, State and Zip Code  |  | City, State and Zip Code   |                     |
| Home Telephone Number   |  | Home Telephone Number  |                     |
| Work Telephone Number   |  | Work Telephone Number  |                     |

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| Are your parents still married? <input type="checkbox"/> yes <input type="checkbox"/> no If no, are they <input type="checkbox"/> divorced <input type="checkbox"/> married <input type="checkbox"/> other (explain) |
| Have either of your parents remarried? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give the name(s) and address(s) of step-parents:   |
| Were you raised by your parents? <input type="checkbox"/> yes <input type="checkbox"/> no If not, then by whom?  |
| At what age and for what reasons did you move out of your parents' home?   |
| Do you have any brothers, sisters, stepbrothers or stepsisters? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list name(s), address(es) and age(s):   |

**EDUCATIONAL EXPERIENCE**

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

|                       | Name of School and Location | Dates<br>From | To | Graduate<br>Yes | No | Degree Type & Major |
|-----------------------|-----------------------------|---------------|----|-----------------|----|---------------------|
| High School or GED    |                             |               |    |                 |    |                     |
| College or University |                             |               |    |                 |    |                     |
| Trade                 |                             |               |    |                 |    |                     |
| Other                 |                             |               |    |                 |    |                     |

| High School Information   | College or Technical School Information   |
|---|---|
| What was your grade point average:  | What was your grade point average:  |
| Did you receive any honors or awards? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, list:                             | Did you receive any awards or honors? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, list:                             |
| Did you participate in any sports or extra-curricular activities?<br><input type="checkbox"/> yes <input type="checkbox"/> no If yes, list: | Did you participate in any sports or extra-curricular activities?<br><input type="checkbox"/> yes <input type="checkbox"/> no If yes, list: |
| Were you ever disciplined? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, describe:                                    | Were you ever disciplined? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, describe:                                    |

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| High School Information   | College or Technical School Information   |
|---|---|
| <p>If you did not graduate, explain why not:</p><br><br><p>How many semester hours or credits did you earn?</p> | <p>If you did not graduate, explain why not:</p><br><br><p>How many semester hours or credits did you earn?</p> |

|  |
|--|
| <p>Are you a member of any clubs, societies, fraternal organizations, etc.? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:</p><br><br> |
| <p>List any hobbies or part time interests:</p><br><br>  |
| <p>Do you have any special talents, skills, trades, etc.? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list:</p><br><br>                   |

| Have you ever applied for a position at another law enforcement agency? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following: |          |        |
|--|----------|--------|
| Agency   | Position | Status |
|  |          |        |
|  |          |        |
|  |          |        |
|  |          |        |
|  |          |        |
|  |          |        |
| <p>If you were rejected for any of the above, please explain, <i>excluding medical reasons</i>:</p><br><br><br><br><br><br><br><br><br><br>                      |          |        |

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|  |        |                |  |
|--|--------|----------------|--|
| Have you ever attended or been enrolled in a police or public safety academy or school? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following:   |        |                |  |
| NAME OF SCHOOL   | COURSE | DATES ATTENDED | DID YOU GRADUATE?  |
|  |        |                | <input type="checkbox"/> yes <input type="checkbox"/> no |
|  |        |                | <input type="checkbox"/> yes <input type="checkbox"/> no |
|  |        |                | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If you did not graduate, please explain, <i>excluding medical reasons</i> :  |        |                |  |
|  |        |                |  |
| Are you currently certified as a police officer in the State of Virginia? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please give the name of academy and date of graduation:   |        |                |  |
|  |        |                |  |
| List Driver's License Number and State of Issuance:  |        |                |  |
| Has your license every been revoked <input type="checkbox"/> yes <input type="checkbox"/> no or suspended? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, explain:  |        |                |  |
|  |        |                |  |
| Have you ever been convicted of or forfeited collateral for a traffic offense? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:   |        |                |  |
|  |        |                |  |
| Have you ever shoplifted? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:  |        |                |  |
|  |        |                |  |
| Have you ever been charged and/or convicted of any breach or violation of any law, police regulation or ordinance?<br><input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:  |        |                |  |
|  |        |                |  |
| Are you a member or have you ever been a member of any communist or subversive organization or any political party or organization which advocated the overthrow of the constitutional form of government in the United States, or do you have membership or any affiliation with any group, association or organization which advocates or lends support to any organization or movement advocating the overthrow of the constitutional form of government in the United States?<br><input type="checkbox"/> yes <input type="checkbox"/> no If yes, name the organization and give details concerning your membership: |        |                |  |
|  |        |                |  |

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Have you ever been in possession of **ANY** drug or narcotic that was not prescribed to you by a physician or were you ever involved in the sale of either? ☐ yes ☐ no If yes, detail the substance, in what amounts, the frequency and the last time used.

Are you now, or have you ever, been sued? ☐ yes ☐ no If yes, explain:

Have you ever been adjudicated bankrupt or made assignment for benefits of a creditor? ☐ yes ☐ no  
If yes, list date, name and location of court:

Have you ever been refused credit? ☐ yes ☐ no If yes, explain:

Do you presently have any charge or credit card(s)? ☐ yes ☐ no If yes, complete the following:

| Company | Account Number | Account Balance | Monthly Payment |
|---------|----------------|-----------------|-----------------|
|         |                |                 |                 |
|         |                |                 |                 |
|         |                |                 |                 |
|         |                |                 |                 |
|         |                |                 |                 |

Have you ever been a member of the armed services? ☐ yes ☐ no If yes, complete the following:

Highest Rank Achieved:

Rank When Discharged:

Date of Discharge:

Did you receive an honorable discharge? ☐ yes ☐ no

During your military service time, were you ever disciplined or did you ever appear before your commanding officer or other person(s) representing him for disciplinary reasons? ☐ yes ☐ no If yes, explain:

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|  |  |
|--|--|
| Are you required to register with the Selective Service Agency? <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| If yes, are you registered? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following:     |  |
| Draft Board Address:   |  |
| Draft Classification/<br>Lottery Number:   |  |

| <b>References:</b> List three persons who have known you for at least one year, are not related to you and reside in the United States. |                         |                          |                              |
|---|-------------------------|--------------------------|------------------------------|
| Name  | Street Number & Address | City, State and Zip Code | Telephone Number             |
|   |                         |                          | Home: (    )<br>Work: (    ) |
|   |                         |                          | Home: (    )<br>Work: (    ) |
|   |                         |                          | Home: (    )<br>Work: (    ) |

| <b>Former Residences:</b> List chronologically, starting with your most recent address and including all former residences where you have lived in the last 10 years. Also, list the name(s) and address(es) of any neighbors or roommates who knew you while living at these residences. |                                   |                                      |  |
|---|-----------------------------------|--------------------------------------|--|
| Dates   | Address, City, State and Zip Code | Neighbor's Name and Telephone Number | Neighbor's Address, City, State and Zip Code |
| From:   |                                   |                                      |  |
| To:   |                                   |                                      |  |
| From:   |                                   |                                      |  |
| To:   |                                   |                                      |  |
| From:   |                                   |                                      |  |
| To:   |                                   |                                      |  |
| From:   |                                   |                                      |  |
| To:   |                                   |                                      |  |

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**Work Experiences:** List chronologically all your work experiences, beginning with your first employer. **APPLICATIONS WILL NOT BE PROCESSED UNLESS NAMES, ADDRESSES, ZIP CODES AND PHONE NUMBERS ARE INCLUDED.**

| Date  | Name of Employer and Supervisor | Address, City, State and Zip Code of Firm | Position and Ending Salary | Reason for Leaving<br><i>Exclude Medical Reasons</i> |
|-------|---------------------------------|---|----------------------------|--|
| From: |                                 |   |                            |  |
| To:   |                                 |   |                            |  |
| From: |                                 |   |                            |  |
| To:   |                                 |   |                            |  |
| From: |                                 |   |                            |  |
| To:   |                                 |   |                            |  |
| From: |                                 |   |                            |  |
| To:   |                                 |   |                            |  |
| From: |                                 |   |                            |  |
| To:   |                                 |   |                            |  |
| From: |                                 |   |                            |  |
| To:   |                                 |   |                            |  |

|   |
|---|
| Give full facts of each discharge or forced resignation from any position ( <i>excluding medical reasons</i> ): |
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| <b>In your own handwriting</b> , state why you want to be an employee of the Vienna Police Department. This statement is to be no less than 25 words nor longer than 100 words. |
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|--|------|
| <b>I UNDERSTAND THAT ALL OF THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. THIS DOCUMENT WILL ONLY BE USED TO VERIFY MY PERSONAL HISTORY AND ASSIST IN DETERMINING MY EMPLOYMENT SUITABILITY. ALL INFORMATION IS SUBJECT TO A THOROUGH REVIEW BY AN APPLICANT INVESTIGATOR. ANY DELIBERATELY FALSE, MISLEADING, INACCURATE, INCOMPLETE OR KNOWINGLY UNTRUTHFUL ANSWERS TO ANY QUESTION(S) WILL BE CAUSE FOR REJECTING ME FOR EMPLOYMENT WITH THIS DEPARTMENT.</b> |      |
| <i>I hereby certify that all of the foregoing answers and statements are accurate and true to the best of my knowledge.</i>  |      |
| Applicant's Signature  | Date |

|  |  |
|--|--|
| <b>THE FOLLOWING MUST BE EXECUTED BY A NOTARY PUBLIC:</b>  |  |
| State of _____ City/County of _____ on _____   |  |
| On this day personally appeared before me the above-named applicant, _____, whose name is subscribed above, and who, having been first duly sworn by me, made oath that the statements made in the foregoing Town of Vienna Police Officer Application and Personal History Statement are true and correct to the best of his/her knowledge. |  |
| Signature: _____ My Commission Expires: _____  |  |

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**APPLICANT PLEASE NOTE:**

Before this application can be processed, copies of the following documents must be submitted. ***Do not send originals - they will not be returned.***

1. Birth Certificate
2. High School Diploma or Equivalency Certificate
3. Marriage License or Certificate
4. Divorce Decree or Legal Separation Papers
5. Naturalization Certificate
6. State of Virginia Police Officer Certification (if applicable)

**RETURN COMPLETED APPLICATION AND ALL RELATED DOCUMENTS TO:**

**Administrative Services Office  
Town of Vienna  
127 Center Street, South  
Vienna, Virginia 22180**

**APPLICATION DATA**

*The following information will be used for AA/EEO statistical purposes only. This section will not remain with your application.*

Name:

Sex: ☐ Male ☐ Female

Birth Date:

Race:    ☐ Hispanic            ☐ Afro American        ☐ Caucasian        ☐ Asian/Pacific Islander  
          ☐ American Indian/    ☐ Other  
          Alaskan Native        \_\_\_\_\_

**TOWN OF VIENNA  
ADMINISTRATIVE SERVICES OFFICE  
127 CENTER STREET, S.,  
VIENNA, VA 22180**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State License Issued In: \_\_\_\_\_

This release, when presented by a duly authorized representative of the **VIENNA POLICE DEPARTMENT** will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and other information regarding my character and background.

Specifically, I hereby authorize the release of the following data and/or records to the **VIENNA POLICE DEPARTMENT**:

1. EMPLOYMENT INFORMATION (Including disciplinary actions and commendations).
2. EDUCATIONAL INFORMATION (Including the release of transcripts).
3. CREDIT INFORMATION.
4. SELECTIVE SERVICE INFORMATION.
5. CRIMINAL RECORDS AND OTHER INFORMATION FROM LAW ENFORCEMENT AGENCIES.
6. RESULTS OF POLYGRAPH TESTS AND BACKGROUND REPORTS DONE BY ANY OTHER AGENCY.
7. OTHER INFORMATION PERTAINING TO MY CHARACTER AND/OR PERSONALITY.

This authorization is given in connection with a full field background investigation being conducted relative to my application for employment with the **VIENNA POLICE DEPARTMENT**. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_

SIGNATURE OF NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_